CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

COVER PAGE

STATEMENT OF ECONOMIC INTERESTS

A Public Document

Please type or print in ink

NAME (MIDDLE) DAYTIME TELEPHONE NUMBER 916 445-1943 OPTIONAL FAX : E-MAIL ADDRESS ZIP CODE

1. Office, Agency, or Court
Name of Office, Agency, or Court:
Dept of allohol + Drug Programs
Division, Board, District, if applicable:
Your Position:
Director
If filing for multiple positions, list additional agency(les)/
position(s): (Attach a separate sheet if necessary.)
Agency:
Position:
PUSITION.
2 Jurisdiction of Office (a)
2. Jurisdiction of Office (Check at least one box)
State
County of
City of
Multi-County
Other
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date: 2,26,07
Annual: The period covered is January 1, 2007, through December 31, 2007.
-or-
O The period covered is/, through December 31, 2007.
Leaving Office Date Left://(Check one)
O The period covered is January 1, 2007, through the date of leaving office.
-or-
O The period covered is/, through the date of leaving office.
Candidate

	s cover page:
Check applic interests."	able schedules or "No reportable
have disclosattached sche	ed interests on one or more of the dules:
Schedule A-1 Investments (Las	Yes - schedule attached sthen 10% Ownership)
	Yes - schedule attached or greater Ownership)
Schedule B Real Property	Yes – schedule attached
Schedule C Income, Loans, and Travel Payment	& Business Positions (income Other than Gifts
Schedule D	Yes - schedule attached
Schedule E Income – Travel	Yes – schedule attached
	-or-

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Signature

> FPPC Form 700 Amendment (2007/2008) FPPC Toll-Free Helpline: 866/ASK-FPPC

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
ZITO	RENEE		916, 445-1943		
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS		
1700 K Street	Sacramento	CA 95811	rzito@adp.ca.gov		
1 Office Agency of Court					
1. Office, Agency, or Court		4. Schedule Summa	ry		
Name of Office, Agency, or Court: Dept of allowed + 1		➡ Total number of pages including this cover page	ge:		
Division, Board, District, if applicable:		→ Check applicable sched interests."	•		
Your Position Director	е е	I have disclosed interests attached schedules:	on one or more of the		
If filing for multiple positions, list position(s): (Attach a separate s		Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)			
Agency:		Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)			
Position:		Schedule B Yes - Real Property	schedule attached		
2. Jurisdiction of Office (Ch	eck at least one box)	Schedule C Yes - Income, Loans, & Business F and Travel Payments)	schedule attached Positions (Income Other than Gifts		
County of		Schedule D Yes - Income - Gifts	schedule attached		
City of	Schedule E Yes - schedule attached				
☐ Other		-or-			
3. Type of Statement (Check	at least one box)	☐ No reportable interests	on any schedule		
	02,26,01				
7		5. Verification			
Annual: The period covered is Jathrough December 31, 2007.	anuary 1, 2007,	I have used all reasonabl	e diligence in preparing this		
-or-			nis statement and to the best of on contained herein and in any		
O The period covered is/_ December 31, 2007.	/, through	attached schedules is true a	nd complete.		
Leaving Office Date Left:/ (Check one)		of California that the foreg	jury under the laws of the State oing is true and correct.		
 The period covered is January date of leaving office. -Or- 	1, 2007, through the	Date Signed Fel	wary 1, 2008		
The period covered is/_ the date of leaving office.	/, through	Signature (File the originally sig	ned statement with your filing official.)		
☐ Candidate					